

DARMHA (Data Assessment Registry Mental Health & Addiction)

DARMHA Clinician Validation Form (Version 2: 7/9/09)

Indiana Family and Social Services Administration, Division of Mental Health and Addiction

Use this form for clinicians that do not need a DARMHA user name and password and for clinicians that are sending in CANS and ANSA recertification information.

Please complete the following and specify if user agreement is for the CANS or the ANSA tool.

Name of Mental Health Provider / Organization:	
<input type="checkbox"/> New Clinician	<input type="checkbox"/> Current User / Recertification
First Name:	Last Name:
Email Address:	Telephone Number:
Internal Staff ID (Number created by the provider to identify each staff):	
CANS Certification Number and Expiration Date (if applicable):	
ANSA Certification Number and Expiration Date (if applicable):	
Please supply one of the following for Certification Verification. 1. Copy of Verification from Communimetrics website 2. Copy of dated certificate signed by Dr. Lyons 3. Copy of email from Dr. Lyons 4. Copy of dated paper scored CANS/ANSA from live training (from Dr. Lyons to DMHA) 5. Copy of written signed, dated documentation of certification from Dr. Lyons-live training events	
Date:	Clinician Signature:

Mail or fax the completed forms to:

DARMHA Support Center
Indiana Division of Mental Health and Addiction
402 W. Washington Street, W353
Indianapolis, IN 46204

Fax: 317-234-6722

Support: 317-232-7925